Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Glengarriff House Nursing Home

8 King Street, Market Rasen, LN8 3BB

Tel: 01673844091

Date of Inspection: 10 January 2013

Date of Publication: January 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Staffing	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Prime Life Limited
Registered Manager	Mr. Joseph Veall
Overview of the service	Glengarriff House is situated in the centre of Market Rasen, Lincolnshire. It provides accommodation and care for up to 18 adults with learning disabilities.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Care and welfare of people who use services	6
Meeting nutritional needs	8
Safety and suitability of premises	9
Staffing	11
Complaints	12
About CQC Inspections	13
How we define our judgements	14
Glossary of terms we use in this report	16
Contact us	18

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 10 January 2013, observed how people were being cared for, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff.

What people told us and what we found

We looked at three people's care records which included their care plans, risk assessments and health plans. These were clear, person-centred, detailed and provided up to date information on how their diverse needs should be met.

We saw each person's care plan contained an eating, drinking and nutritional assessment. We were present when lunch was prepared. The food was appetising and freshly produced. One member of staff told us, "People get homemade food all the time and there is rarely any left on people's plates."

We observed the interaction between staff and people who used the service by using the Short Observational Framework Tool (SOFI). We saw staff positively interacted with people frequently. We saw people were engaged in activity by staff members at regular intervals.

Although we saw the building was maintained effectively, three bathrooms and some other areas were in a poor state of décor. We were told these rooms would be redecorated within the next few months.

We confirmed there was an effective complaints policy in place although this was not provided to people living at the home in an accessible format.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone

number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We looked at three people's care records which included their care plans, risk assessments and health plans. These were clear, person-centred, detailed and provided up to date information on how their diverse needs should be met. This included details about their abilities, disabilities, mobility, communication methods and expression of sexuality.

Risk assessments included those for behaviour; mobility, sleeping, medication, fire evacuation, and epileptic seizure. We noted risk assessments had been updated every six months or sooner if necessary.

Information in the home and discussions with staff showed us people were supported to feel socially included and engaged through the provision of activities and outings. Activities included trips to the local shops and pub as well as baking and art within the home itself.

We saw the medication administration records (MARs) and checked their accuracy to ensure people were receiving their prescribed medication as directed. We confirmed sheets had been completed correctly and people's medication was stored safely and securely.

We saw records of best interest meetings and decisions that involved people's relatives. We reviewed mental capacity assessments carried out each year in line with the Mental Capacity Act (2005). Mental Capacity Act (2005) and Deprivation of Liberty Safeguards is law protecting people who are unable to make decisions for themselves.

We saw a daily journal was completed for each person and that incidents had been recorded. People's health care needs were documented in their records and contact with health professionals was recorded. All fourteen people were registered with a GP and had an allocated member of staff who coordinated their care.

We noted each person has a communication and hospital passport to accompany them should they be admitted to hospital. This listed their personal preferences, medication and

communication skills.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

We looked at the menus and saw they offered a wide range of hot and cold meals. We observed meals provided for people with special dietary requirements. The menu options were discussed at monthly meetings between staff and people who lived at the home. One care worker commented, "There is a lot of variety of food. The portion sizes are pretty good."

People were offered cereals, fruit and toast for breakfast. A cooked breakfast was available at weekends. A light bites option was available at lunch-time, accompanied by hot alternatives if people wished. The main hot meals were provided towards late afternoon/early evening when hot and cold choices were available. A menu was published in advance.

We saw each person's care plan contained an eating, drinking and nutritional assessment. This asked the person's key worker to confirm whether the person needed any special dietary requirements or the input of an external agency such as the speech and language therapy team (SALT).

We confirmed records of monthly weight checks had been completed. One person was under the care of the dietician at the local hospital. They had a daily food diary in which members of staff recorded food and fluid intake. We saw there was an effective link between the kitchen and care staff; people who were known to have lost weight had their portion size adjusted and were closely monitored on a weekly basis.

We were present when lunch was served. The food was appetising and freshly produced. One member of staff told us, "People get homemade food all the time and there is rarely any left on people's plates."

We observed a range of hot and cold drinks were served throughout the day or whenever a person made a request. One member of staff told us, "People can request a drink any time they wish."

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

We found the building had been maintained effectively by organisation-wide maintenance staff. A member of staff showed us the book where maintenance issues were recorded. We confirmed required maintenance had taken place.

The provider may wish to note the standard of decor was good in most bedrooms but was poor in three of the bathrooms and two bedrooms we saw. In each of these rooms wallpaper had been ripped from the wall and paint was flaking due to large patches of damp. The registered manager showed us the report from a property audit undertaken by the company in late December 2012 which clearly identified these areas were a priority to be refurbished in the coming few months. The manager told us he expected this work to be complete within the next two months.

We saw new laminate type flooring had been laid throughout the home and most recently in the hallway and dining room. People's rooms were personalised and people were surrounded by their own possessions. One person had supplied their own halogen light fitting for their room which had been fitted by the company.

We checked the home's maintenance records and saw all relevant safety and maintenance checks, including gas and electrical safety, had been carried out within the last year. We saw all radiators were covered in order to protect people from harm.

We saw the home was kept tidy. We reviewed cleaning schedules for day and evening staff. The provider may wish to note when we looked around the home we saw significant amounts of fluff, dust and everyday debris on the floors in bathrooms and other communal areas. However, by the time we concluded our inspection most of this had been attended to.

Members of staff told us it was difficult to keep on top of the cleaning due to the behaviours demonstrated by some of the people who lived in the home. We noted the cleaner did not attend the home everyday due to other commitments. The cleaner told us the organisation had recently split her twenty-hour rota between her and another staff member. This meant there would now be someone present each day to manage the cleaning duties.

The manager acknowledged cleaning had been a concern during recent months and had been identified by the local authority's quality monitoring team. The manager showed us records of a recently introduced audit tool for use in people's rooms and communal areas. This audit would be carried out weekly by senior staff and failure to meet minimum standards of cleanliness would then be discussed in a special staff supervision session. The provider may wish to note a tool had not yet been devised for bathroom areas.

We looked at the kitchen. The staff told us they had all the equipment they needed and that it was serviced regularly. There were full records of fridge and freezer temperatures.

Staff told us they were trained in fire evacuation. We saw records of weekly fire alarm and emergency lighting tests. A fire risk assessment had been undertaken in 2012. The provider may wish to note the home did not produce its fire evacuation plan in an easy read format for people who lived there. However, since our visit the provider has told us this will be rectified shortly.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We observed the interaction between staff and people who used the service by using the Short Observational Framework Tool (SOFI). We saw staff positively interacted with people frequently. We saw people were engaged in activity by staff members at regular intervals.

We reviewed the rotas for the care staff and found the day shift comprised one registered nurse and six care workers including the registered manager. At night, one registered nurse and two care workers were on duty. One member of staff told us, "I think the staffing level is about right."

We saw a total of 20 hours each week was allocated to cleaning whilst a cook was employed for 27.5 hours. The manager told us that on days when the cook was off duty, the care workers would cook. We confirmed care workers who undertook this task had received the required training in infection control and food safety. A member of staff told us staff were relieved of any care duties on days they were expected to cook to comply with the home's infection control policy.

The registered manager told us the organisation's human resources department used a nationally recognised dependency assessment tool to determine to level of staffing the home required.

We asked members of staff about cover for holidays and staff sickness. One staff member confirmed there was an effective procedure in place and commented, "Cover is arranged quite well, there always seems to be someone covering, there's only the very occasional time when were waiting for someone to cover."

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.Comments and complaints people made were responded to appropriately.

Reasons for our judgement

We asked the manager to tell us the way complaints were managed at the home. The manager told us that there was a complaints policy which detailed who the complainant may contact, the procedure and time scales for responding. We saw the complaints log and confirmed what the manager had told us.

The manager reported the quality assurance system of the home included complaints. Any key learning from the analysis was recorded with changes made as a result of the complaints investigation.

We saw there was a copy of the complaints policy displayed in the home. However, the provider may wish to note there was no easy read version of this to enable people within the home to understand its meaning.

People who used the service were given the opportunity to voice any concerns or issues at the regular 'residents' meeting'. Such meetings took place every month.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.